

Dear Parent:

By participating in the Child and Adult Care Food Program, our center is required to offer at least one brand of iron-fortified infant formula to infants enrolled for care in our center. Our center offers _____ to all enrolled infants. If you do not wish for us to serve this brand of formula to your child(ren) you will be required to provide the formula for your own child(ren).

Mark your choice below and complete the section at the bottom of the page. This form must be returned before your infant may attend our center.

- ☐ I accept the brand of iron-fortified infant formula offered by the center and request that the center provide the formula for my child.

- ☐ I decline the brand of iron-fortified infant formula offered by the center and have chosen to supply my own infant formula.

Infant's Name

Date of Birth

Parent's Name (please print or type)

Parent's Signature

Date

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."